

SUD Implementation Plan

CMS' Opioid and Other SUDs 1115 Demonstration Initiative:

Goals and Milestones to be Addressed in State Implementation Plan Protocols

CMS is committed to working with states to provide a full continuum of care for people with opioid use disorder (OUD) and other SUDs and in supporting state-proposed solutions for expanding access and improving outcomes in the most cost-effective manner possible.

Goals:

1. Increased rates of identification, initiation and engagement in treatment for OUD and other SUDs;
2. Increased adherence to and retention in treatment for OUD and other SUDs;
3. Reductions in overdose deaths, particularly those due to opioids;
4. Reduced utilization of emergency departments and inpatient hospital settings for OUD and other SUD treatment where the utilization is preventable or medically inappropriate through improved access to other continuum of care services;
5. Fewer readmissions to the same or higher level of care where readmissions is preventable or medically inappropriate for OUD and other SUD; and
6. Improved access to care for physical health conditions among beneficiaries with OUD or other SUDs.

Milestones:

1. Access to critical levels of care for OUD and other SUDs;
2. Widespread use of evidence-based, SUD-specific patient placement criteria;
3. Use of nationally recognized, evidence-based, SUD program standards to set residential treatment provider qualifications;
4. Sufficient provider capacity at each level of care, including MAT;
5. Implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD; and
6. Improved care coordination and transitions between levels of care.

Section I – Milestone Completion

Milestones

1. Access to Critical Levels of Care for OUD and Other SUDs

Specifications:

To improve access to OUD and SUD treatment services for Medicaid beneficiaries, it is important to offer a range of services at varying levels of intensity across a continuum of care since the type of treatment or level of care needed may be more or less effective depending on the individual beneficiary. To meet this milestone, state Medicaid programs must provide coverage of the following services:

- Outpatient Services;
- Intensive Outpatient Services;
- Medication assisted treatment (medications as well as counseling and other services);
- Intensive levels of care in residential and inpatient settings; and
- Medically supervised withdrawal management

Current State:

The State of Idaho, through the Idaho Department of Health and Welfare (IDHW), has made significant advancements over the last decade to increase access to care for Idahoans challenged by substance use disorder (SUD). Through concerted efforts by state agencies, IDHW currently offers a range of services across the continuum of care for Medicaid beneficiaries with SUD. Such services include coverage of outpatient services, intensive outpatient services, medication-assisted treatment (MAT) and acute care in inpatient settings. The current Medicaid State Plan outlining all behavioral health services is available for review at:

<https://healthandwelfare.idaho.gov/Portals/0/Medical/MedicaidCHIP/EnhancedPlan.pdf>.

These comprehensive treatment services are made available to adults, children and adolescents who suffer from SUD. Moreover, state agencies have worked collectively to address care coordination issues to ensure beneficiaries can access the appropriate level of care. However, despite the state's progress, Idaho has recognized gaps in the availability of behavioral health services, particularly access to intensive levels of care in residential and inpatient settings across the state. Currently, for adults ages 21-64, these services may only be reimbursed by Medicaid in hospital inpatient settings due to the federal IMD exclusion. An IMD is defined as an institution with more than 16 beds primarily engaged in the diagnosis, treatment, or care of individuals with mental diseases. Through the waiver, IDHW seeks authority from CMS to reimburse IMDs for inpatient and residential services provided to Medicaid-enrolled patients in order to expand access and add more inpatient and residential options for Medicaid beneficiaries.

However, as a preliminary note, in the fall of 2019, Idaho also submitted a 1915(l) state plan amendment to allow Medicaid reimbursement for inpatient treatment at IMDs for enrollees with SUD in order to provide potential gap coverage for these critical services prior to the approval of the more expansive Section 1115 waiver. Once this SUD Implementation Plan, in conjunction with the previously submitted Section 1115 Waiver, is approved by CMS, Idaho will utilize the waiver authority to provide coverage for services provided in IMDs. As part of this implementation plan, the state will take all necessary actions to effectuate the formal transition of

waiver authority for the IMD exclusion.

Future State:

Although Idaho currently offers a comprehensive continuum of care coverage for its Medicaid beneficiaries, the state has recognized several areas for improvement. In particular, with the expansion of Medicaid eligibility, the state will transition many of the services covered through the Department of Behavioral Health (DBH) to be directly covered through Medicaid. Idaho's future state goal is to follow the "protractor" model of comprehensive individual and system measures to support a holistic behavioral health transformation system. Idaho Medicaid will provide a broad service array to support individuals through the entire behavioral health continuum of care, from promoting education to supporting universal screenings and early intervention to engagement and finally continued recovery.

Idaho plans to expand coverage of Medicaid reimbursable services to provide the full continuum of care for behavioral health services, including:

- i. Increasing and offering new reimbursement for inpatient and residential services provided in IMDs;
- ii. Expanding coverage of medication assisted treatment options; and
- iii. Offering additional community-based support services.

The table below further expands on Idaho's future state plans to address gaps in coverage of behavioral health services.

Below is a table that describes: 1) current SUD treatment services covered by the State at each level of care; 2) plans to improve access to SUD treatment services for Medicaid beneficiaries; and 3) a summary of action items that need to be completed to meet the milestone requirements.

Table 1. Milestone #1: Access to Critical Levels of Care for OUD and Other SUDs

Milestone Criteria	Current State	Future State	Summary of Actions Needed
<p>Coverage of outpatient services</p>	<p>Outpatient SUD services are carved out of fee for service and provided by a single managed care entity (MCE) through a Section 1915(b) waiver.</p> <p>The Idaho Medicaid State Plan provides coverage for a wide array of outpatient services, including:</p> <ul style="list-style-type: none"> • Treatment Planning • Screening, Evaluation and Diagnostic Assessments • Psychotherapy • Drug Screening • Pharmacologic Management • Psychological and Neuro-psychological Testing • Community-based Rehabilitation Services • Case Management • Community Crisis Intervention 	<p>Idaho will continue to provide services in accordance with the current state plan, and offer a full array of evidence-based outpatient behavioral health services in accordance with ASAM, which will be available in home and community-based settings as well as traditional clinical settings as appropriate.</p> <p>In addition to the current state plan benefits, Idaho will also expand outpatient coverage through the addition of recovery coaching to the state plan.</p>	<ul style="list-style-type: none"> • Amend State Plan to include new recovery coaching services (<u>Timeline 6-12 Months</u>) • Add recovery coaching to 1915(b). (<u>Timeline 6-12 Months</u>) • Add recovery coaching to IBHP contract (<u>Timeline 6-12 Months</u>) • Review all outpatient service definitions and staff qualifications to ensure alignment with ASAM (<u>Timeline 18-24 Months</u>)

Milestone Criteria	Current State	Future State	Summary of Actions Needed
<p>Coverage of intensive outpatient services</p>	<p>Intensive Outpatient Program services aligned with ASAM 2.1 service definitions are covered under the Medicaid state plan and provided through the IBHP.</p> <p>Partial Hospitalization is also covered under the Medicaid state plan. Partial hospitalization was added as a new IBHP service effective 1/1/2020.</p>	<p>Expand the partial hospitalization benefit across Idaho. Partial hospitalization is a bundle of services that includes support therapy, medication monitoring, and skills building, in an intensive ambulatory treatment program offering less than 24-hour daily care.</p>	<ul style="list-style-type: none"> Over the demonstration period, Idaho Medicaid and the IBHP contractor will continue to enroll new Partial Hospitalization providers.
<p>Coverage of medication assisted treatment (medications as well as counseling and other services)</p>	<p>Medication assisted treatment (MAT) for opioid use disorders (OUD) is available as a pharmacy benefit under the state plan, and reimbursed through the fee for service delivery system. Currently, only buprenorphine and extended release naltrexone are available.</p> <p>The state is currently participating in the CMS MAT Affinity Group TA Opportunity, which will last from February 2020 through August 2020.</p>	<p>OUD MAT coverage will be expanded to add methadone maintenance at opioid treatment programs (OTPs) for the treatment of SUD.</p> <p>In addition, the state will transition provision of MAT from FFS to managed care through the IBHP.</p> <p>Establish reimbursement methodology that appropriately incentivizes provision of MAT throughout the state, including rural and frontier areas.</p>	<ul style="list-style-type: none"> Align Idaho service definition with ASAM Criteria <u>(Timeline 6-12 Months)</u> Modify existing state plan language and 1915(b) authorities to ensure coverage of methadone maintenance. <u>(Timeline 6-12 Months)</u> Develop new policies and rules for provision of MAT at OTPs. <u>(Timeline 6-12 Months)</u> Restructure reimbursement following completion of CMS MAT Affinity TA Group. <u>(Timeline</u>

Milestone Criteria	Current State	Future State	Summary of Actions Needed
			<u><i>18-24 Months</i></u>
<p>Coverage of intensive levels of care in residential and inpatient settings</p>	<p>The Medicaid State Plan provides coverage for inpatient treatment at ASAM levels 3.7 and 4.0. These services are reimbursed through the fee-for-service delivery system.</p> <p>Residential treatment services are not currently a covered Medicaid benefit. Instead, the Division of Behavioral Health (DBH) provides limited intensive residential care for Idahoans in need through grants and other state funds.</p>	<p>Medicaid will expand coverage to include residential treatment at ASAM level 3.5. These services will also be available in IMD settings previously excluded from participation in the Medicaid program.</p> <p>In addition, over the course of the waiver, inpatient and residential services will transition from fee-for-service to the IBHP program.</p>	<ul style="list-style-type: none"> • Align Idaho service definition with ASAM Criteria (<u><i>Timeline 6-12 Months</i></u>) • Provide avenue for residential providers to enroll as Idaho Medicaid providers (<u><i>Timeline 6-12 Months</i></u>) • Add coverage of residential services equivalent to ASAM 3.5 (<u><i>Timeline 6-12 Months</i></u>) • Define reimbursement methodology for residential services, and make necessary revisions to MMIS to reflect changes to provider enrollment and reimbursement for these services. (<u><i>Timeline 6-12 Months</i></u>) • Develop regulations, rules and/or standards to establish provider qualifications and service definitions for residential treatment providers that align with ASAM standards for types of services, hours of clinical care

Milestone Criteria	Current State	Future State	Summary of Actions Needed
			<p>and credentials of staff. <u>(Timeline 18-24 Months)</u></p> <ul style="list-style-type: none"> • Add residential and inpatient services to the future IBHP contract rebid <u>(Timeline 24-30 Months)</u>
<p>Coverage of medically supervised withdrawal management</p>	<p>Medicaid covers withdrawal management for medically complex SUD patients in a hospital setting via the covered inpatient level of care benefit.</p> <p>DBH currently provides coverage for medically supervised withdrawal management (ASAM 3.7-WM) in IMD and non-IMD settings. This is not currently a Medicaid-funded service.</p>	<p>Medicaid will add medically supervised ASAM level 3.7 withdrawal management services to the Medicaid state plan, and make these services available in residential and inpatient settings.</p>	<ul style="list-style-type: none"> • Align Idaho service definition with ASAM Criteria <u>(Timeline 6-12 Months)</u> • Add withdrawal management to Medicaid State Plan. <u>(Timeline 12-18 Months)</u> • Develop regulations to establish provider qualifications and service definitions for residential treatment providers that align with ASAM standards for types of services, hours of clinical care and credentials of staff. <u>(Timeline 18-24 Months)</u>

2. Use of Evidence-based, SUD-specific Patient Placement Criteria

Specifications:

Implementation of evidence-based, SUD-specific patient placement criteria is identified as a critical milestone that states are to address as part of the demonstration. To meet this milestone, states must ensure that the following criteria are met:

- Providers assess treatment needs based on SUD-specific, multi-dimensional assessment tools, e.g., the ASAM Criteria, or other patient placement assessment tools that reflect evidence-based clinical treatment guidelines; and
- Utilization management approaches are implemented to ensure that (a) beneficiaries have access to SUD services at the appropriate level of care, (b) interventions are appropriate for the diagnosis and level of care, and (c) there is an independent process for reviewing placement in residential treatment settings.

Current State:

The system for behavioral healthcare in Idaho includes multiple different payors and delivery systems. For Medicaid services, the Idaho Behavioral Health Plan (IBHP) utilizes a managed care model for all outpatient behavioral health services. The IBHP provider network utilizes patient placement guidelines aligned with ASAM for all covered SUD outpatient services, and formally assesses treatment needs through a comprehensive diagnostic assessment (CDA) tool. For SUD treatment services not covered by Medicaid and reimbursed through the Division of Behavioral Health, providers utilize the Global Assessment of Individual Needs (GAIN) assessment tool for patient treatment placement and planning. Further, all payors utilize various utilization management approaches to ensure appropriate levels of care are accessed for individual treatment needs.

Future State:

IDHW will align service definitions and placement criteria with national evidence-based definitions, particularly for newly added inpatient and residential services in IMDs. Specifically, for SUD treatment services, IDHW will utilize the ASAM patient placement criteria, the most widely accepted and comprehensive set of guidelines. The SUD service definitions, patient placement tools, and utilization management review criteria will align with ASAM throughout the entire Idaho behavioral health system of care, regardless of level of care needs or payor source.

Table 2. Milestone #2: Use of Evidence-based, SUD-specific Patient Placement Criteria

Milestone Criteria	Current State	Future State	Summary of Actions Needed
<p>Implementation of requirement that providers assess treatment needs based on SUD-specific, multi-dimensional assessment tools that reflect evidence-based clinical treatment guidelines</p>	<p>The IBHP provider network uses <i>The ASAM Criteria</i> to guide outpatient service delivery and level of care placement for SUD services. Further, IBHP network providers assess formal treatment needs through the use of a Comprehensive Diagnostic Assessment (CDA).</p> <p>Idaho Medicaid’s fee for service providers and Quality Improvement Organization (QIO) use <i>Milliman</i> and <i>ASAM Criteria</i> to guide service delivery and level of inpatient placement for SUD services.</p>	<p>The IBHP contract will encompass both inpatient and outpatient services and will require providers to apply <i>The ASAM Criteria</i> while conducting a CDA in order to guide service delivery and level of care placement.</p> <p>The Divisions of Medicaid and Behavioral Health will collaborate to select and implement SUD-specific, multi-dimensional assessment tools aligned with ASAM that will become the Department-approved assessment tools used universally throughout the Idaho behavioral health system of care.</p>	<ul style="list-style-type: none"> Amend IBHP contract to require inclusion of a full psychosocial assessment covering the six dimensions in accordance with <i>The ASAM Criteria</i>. <u>(Timeline 12-20 Months)</u> Develop and implement criteria via IDAPA rules and/or standards to ensure beneficiaries’ treatment needs are assessed based on SUD-specific, multi-dimensional assessment tools that reflect evidence-based clinical treatment guidelines. <u>(Timeline 18-24 Months)</u>
<p>Implementation of a utilization management approach such that (a) beneficiaries have access to SUD services at the appropriate level of care, (b) interventions are appropriate for the diagnosis and level of care, and (c) there is an independent process for reviewing placement in residential treatment</p>	<p>The IBHP provider network uses <i>The ASAM Criteria</i> to guide service delivery and level of care placement for outpatient SUD services. Further, the IBHP contractor maintains a utilization management (UM) program to ensure that enrollees have access to outpatient SUD services at the appropriate level of</p>	<p>Based on <i>The ASAM Criteria</i>, the IBHP contractor will be required to develop and use a UM program that aligns with state standards to ensure that beneficiaries have access to SUD services at the appropriate level of care.</p> <p>The IBHP contractor will be required to incorporate quality measures into the UM review processes. The</p>	<ul style="list-style-type: none"> Establish necessary administrative rules, regulations or statutes, to ensure access to the appropriate levels of care and oversight on lengths of stay. <u>(Timeline 6-12 Months)</u> Establish an independent UM process used to ensure beneficiaries have access to SUD services at the

Milestone Criteria	Current State	Future State	Summary of Actions Needed
<p>settings.</p>	<p>care.</p> <p>The IBHP contract currently covers only outpatient BH services. Therefore, placements in inpatient SUD treatment settings are a Medical Care benefit, authorized by the state's QIO. The QIO is responsible for the UM reviews of all inpatient SUD services, including oversight of lengths of stay. Idaho's QIO utilizes ASAM and Milliman criteria when determining the appropriate level of care for Medicaid members.</p> <p>Further, the IBHP contractor employs a staff of Field Care Coordinators (FCCs) to ensure that enrollees are placed at the appropriate level of care upon discharge back to the community following an inpatient stay.</p>	<p>effectiveness of treatment decision will be evaluated to determine if client care is enhancing the overall health of the population.</p> <p>As part of the 2021 rebid, the IBHP will transition to a prepaid inpatient health plan, as all behavioral health services will be carved into the IBHP managed care contract. As part of this transition, the IBHP contractor will be required to establish a detailed UM approach such that there is an independent process for reviewing placement in residential treatment settings. Specifically, all placements in inpatient and residential treatment settings will require prior authorization and independent review of provider placements and treatment decisions from IBHP contractor clinical staff trained in ASAM criteria.</p>	<p>appropriate level of care with the appropriate interventions based on <i>The ASAM Criteria</i>. <u>(Timeline 6-12 Months)</u></p> <ul style="list-style-type: none"> • Incorporate requirements into IBHP rebid to include additional quality measures related to UM and outcomes, and to establish minimum processes for reviewing and approving placements in inpatient and residential treatment settings in accordance to <i>The ASAM Criteria</i>. This UM process will promote the appropriate placement in level of care and ensure interventions are appropriate for the presenting diagnosis and level of care. <u>(Timeline 24-30 Months)</u>

3. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities

Specifications:

Through the new Section 1115 initiative, states will have an opportunity to receive federal financial participation (FFP) for a continuum of SUD services, including services provided to Medicaid enrollees residing in residential treatment facilities that qualify as institutions for mental diseases. To meet this milestone, states must ensure that the following criteria are met:

- Implementation of residential treatment provider qualifications (in licensure requirements, policy manuals, managed care contracts, or other guidance) that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards regarding the types of services, hours of clinical care and credentials of staff for residential treatment settings;
- Implementation of a state process for reviewing residential treatment providers to assure compliance with these standards; and
- Implementation of a requirement that residential treatment facilities offer MAT on-site or facilitate access off site.

Current State:

Idaho's current residential facility licensing and certifications requirements through the Department's Division of Licensing and Certification are primarily designed for inpatient hospitals and Psychiatric Residential Treatment Facilities (PRTFs) treating patients with SMI/SED. The current licensing and certifications standards are not specific to SUD treatment programs.

Future State:

With the expansion of SUD services, particularly the addition of residential treatment facilities, Idaho will establish a provider qualification and a certification process for all newly enrolling providers as well as an ongoing process to periodically re-evaluate existing providers to ensure beneficiaries have access to high-quality care. All Medicaid-enrolled residential treatment programs will be required to meet program standards described in the ASAM Criteria appropriate for the level of care, including, but not limited to the types of services, hours of clinical care, and credentials of staff for residential treatment settings.

Below is a table that describes: 1) current provider qualifications for residential treatment facilities; 2) plans to enhance provider qualifications for residential treatment; and 3) a summary of action items that need to be completed to meet the milestone requirements.

Table 3. Milestone #3: Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities

Milestone Criteria	Current State	Future State	Summary of Actions Needed
<p>Implementation of residential treatment provider qualifications in licensure requirements, policy manuals, managed care contracts, or other guidance. Qualification should meet program standards in the ASAM Criteria or other nationally recognized, SUD-specific program standards regarding, in particular, the types of services, hours of clinical care, and credentials of staff for residential treatment settings</p>	<p>Idaho Division of Medicaid does not currently reimburse for residential level of care for SUD treatment.</p> <p>Through State General Funds and SUD Block Grants, DBH has begun efforts to establish program standards for types of services, hours of clinical care, and credentials of staff for residential treatment settings at every ASAM level of care.</p>	<p>The state will ensure that all residential treatment providers are qualified to provide services in accordance with ASAM Criteria through the establishment of SUD residential treatment program requirements in IDAPA rules and/or standards. These requirements will incorporate ASAM Criteria and include types of services, hours of clinical care, and credentials of staff.</p> <p>All residential SUD treatment programs enrolled in Idaho Medicaid will be required to meet these requirements. Further, the IBHP contractor will be required to ensure compliance with the requirements throughout the IBHP network.</p>	<ul style="list-style-type: none"> • Update Medicaid provider handbook with guidance regarding residential treatment provider qualifications, requirements regarding ASAM criteria and other program standards. <u>(Timeline 6-12 Months)</u> • Establish statute, licensure IDAPA rules, and/or other standards for SUD residential treatment programs providing publicly funded services enrolled with Medicaid. <u>(Timeline 12-18 Months)</u> • Incorporate residential services in IBHP contract rebid, including requirement that all providers enrolled in the IBHP network must adhere to these minimum provider qualification standards. <u>(Timeline 24-30 Months)</u>

Milestone Criteria	Current State	Future State	Summary of Actions Needed
Implementation of a state process for reviewing residential treatment providers to ensure compliance with these standards	Idaho does not currently have a process for reviewing residential treatment providers to ensure compliance with these standards.	The Divisions of Medicaid and Behavioral Health will collaborate to establish SUD residential treatment program requirements in IDAPA rules and/or standards. These standards will describe state requirements for certifying and reviewing residential treatment providers to ensure compliance.	<ul style="list-style-type: none"> Establish a state certification process for all SUD residential treatment programs enrolled with Medicaid. <u>(Timeline 18-24 Months)</u> Establish an ongoing process to periodically reevaluate existing publicly funded SUD residential treatment programs to ensure residential treatment providers adhere to state-developed standards. <u>(Timeline 18-24 Months)</u>
Implementation of requirement that residential treatment facilities offer MAT on-site or facilitate access off-site	Idaho Division of Medicaid does not currently reimburse for residential levels of care for SUD treatment.	The Division of Medicaid is expanding coverage of residential treatment and MAT. All newly enrolled residential treatment providers will be required to, at minimum, align services with ASAM best practices, including provision of MAT. IDHW will require all IMDs receiving Medicaid payments to provide at least two forms of MAT for OUD, either on-site or through facilitated access off-site through strategic	<ul style="list-style-type: none"> Revise Medicaid enrollment policies, regulations and standards to require all Medicaid-enrolled SUD residential treatment providers to offer at least two forms of MAT. <u>(Timeline 6-12 Months)</u> In 2021 rebid, include a new requirement for the IBHP contractor to ensure all network inpatient and residential treatment providers comply with MAT policy

Milestone Criteria	Current State	Future State	Summary of Actions Needed
		community partnerships.	requirements. <u>(Timeline 24-30 Months)</u>

4. Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD

Specifications:

To meet this milestone, states must complete an assessment of the availability of providers enrolled in Medicaid and accepting new patients in the critical levels of care listed in Milestone 1. This assessment must determine availability of treatment for Medicaid beneficiaries in each of these levels of care, as well as availability of MAT and medically supervised withdrawal management, throughout the state. This assessment should help to identify gaps in availability of services for beneficiaries in the critical levels of care.

Current State:

In late 2019, Idaho completed an assessment of the availability of providers across the state, including those enrolled in Medicaid and accepting new patients, at each of the critical levels of the SUD continuum of care. Idaho currently offers access to outpatient and intensive outpatient SUD services in each of the state's seven regions. Providers who offer these services include SUD-focused facilities, integrated behavioral health clinics, individual practitioner offices, primary care clinics, and facilities that offer telehealth services. In addition, Idaho has at least one 24-hour crisis stabilization center in each of the seven regions, available to assist individuals with SUD. Furthermore, Idaho offers 52 FQHCs that deliver behavioral health services throughout the seven regions. The state also has nearly 200 DATA-waivered providers who can prescribe buprenorphine. Moreover, any licensed pharmacist and pharmacy technician may dispense naloxone for reversal of opioid overdose, without a prescription. While services are available in each of the state's seven regions, the more rural and frontier areas face significant SUD provider shortages, with regard to inpatient and outpatient levels of care.

Future State:

Based on the information from the assessment, the state has identified several strategies to expand provider capacity across the state, with particular emphasis on addressing provider shortages in rural and frontier areas. Generally, Idaho's plan to address issues of provider capacity will focus on the utilization of existing state resources, and identification of which regions need resources and services currently unavailable. Such broad strategies include the following:

- (i) Crisis Stabilization Services. The state plans to expand such services, including ensuring availability of Medicaid reimbursement for services delivered at a 24-hour crisis center, enhance the statewide inpatient and crisis bed registry, expand mobile crisis units, and improve connectivity between first responders and treatment providers.
- (ii) Behavioral Health Integration. IDHW seeks to increase provider capacity by leveraging the state's strong primary care network to provide SUD early intervention, treatment, and care management. To encourage behavioral health integration and support primary care providers, IDHW will simplifying billing

procedures and expand provider education through programs like Project ECHO.

- (iii) Telehealth Services. Increased access to telehealth services will include simplifying and standardizing telehealth coverage rules, creating a hub for crisis-related telehealth, and conducting an environmental scan related to current telehealth utilization and existing barriers.
- (iv) Improved Transportation. Transportation improvements for non-emergency transportation benefits.
- (v) Medication Assisted Treatment. IDHW seeks to educate providers about MAT and encourage more providers to become DATA-waivered to expand access to buprenorphine across the state. Further, through the expansion of MAT to include methadone maintenance at opioid treatment programs, IDHW seeks to establish a sustainable reimbursement methodology that will permit geographic expansion of MAT services into more rural areas.

Lastly, to build off of the work of the current environmental scan, the state will pursue stronger monitoring and data analytics around provider capacity to continue to monitor the availability of providers enrolled in Medicaid and accepting new patients at each level of care. Idaho will continue to expand coverage of residential treatment, partial hospitalization and recovery supports. As part of these efforts, Idaho seeks to develop a behavioral health provider directory that will allow providers to be sorted by specialty, available services, and ability to accept new Medicaid patients.

Table 4. Milestone #4: Sufficient Provider Capacity at Critical Levels of Care including for MAT for OUD

Milestone Criteria	Current State	Future State	Summary of Actions Needed
<p>Completion of assessment of the availability of providers enrolled in Medicaid and accepting new patients in the following critical levels of care throughout the state (or at least in participating regions of the state) including those that offer MAT:</p> <ul style="list-style-type: none"> (i) Outpatient Services; (ii) Intensive Outpatient Services; (iii) Medication Assisted Treatment (medications as well as counseling and other services); (iv) Intensive Care in Residential and Inpatient Settings; (v) Medically Supervised Withdrawal Management. 	<p>Idaho has SUD providers in each of the seven regions of the state. Prior to submission of the Section 1115 Behavioral Health Transformation Waiver, Idaho completed an initial assessment of the available of providers enrolled in Medicaid and accepting new patients in each of the required categories. Please refer to “Attachment A: Combined Mental Health & Substance Use Disorder Services Availability Scan for Idaho.”</p>	<p>Over the course of the demonstration, Idaho will diligently work to ensure continuous improvement in the availability of Medicaid-enrolled providers providing SUD treatment in each of the critical levels of care.</p> <p>Based on the initial assessment, Idaho will focus on the following goals:</p> <ul style="list-style-type: none"> • Expand crisis stabilization services • Incorporate SUD treatment services into primary care settings • Improve accessibility to services through improvements in NEMT and expanded use of telehealth • Expand access to MAT for OUD, including efforts to increase number of DATA-waivered providers and OTPs • Create a behavioral health provider directory 	<ul style="list-style-type: none"> • Initial assessment is complete. The state will continue to assess provider capacity throughout demonstration period to monitor effect of new policies to expand capacity. <p>Medicaid will fund services in 24-hour crisis centers in each region of Idaho. <u>(Timeline 6-12 Months)</u></p> <p>DBH will expand inpatient and crisis bed registry as a first responder community resource <u>(Timeline over the course of the demonstration)</u></p> <ul style="list-style-type: none"> • Continue to strengthen the NEMT provider network in Idaho. The new NEMT contract will have specific requirements the contractor will have to meet regarding availability of NEMT services across Idaho. <u>(Timeline 12-18 Months)</u> • The IBHP rebid contract will outline specific incentives for behavioral health professionals who

Milestone Criteria	Current State	Future State	Summary of Actions Needed
			<p>operate within primary care settings. <u>(Timeline 24-30 Months)</u></p> <ul style="list-style-type: none"> • The new IBHP contract will outline specific access metrics that pertain to increased use of telehealth services in Idaho <u>(Timeline 24-30 Months)</u> • The new IBHP contract will outline specific real-time dashboard requirements regarding network specialties, levels of care, provider types and accepting new patients. <u>(Timeline 24-30 Months)</u> • The IBHP contract will require MAT for OUD to be available in all regions of Idaho. <u>(Timeline 24-30 Months)</u>

5. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD

Specifications:

To meet this milestone, states must ensure that the following criteria are met:

- Implementation of opioid prescribing guidelines along with other interventions to prevent prescription drug abuse;
- Expanded coverage of and access to naloxone for overdose reversal; and
- Implementation of strategies to increase utilization and improve functionality of prescription drug monitoring programs.

Current State:

Idaho has taken on a number of initiatives to implement comprehensive treatment and prevention strategies in response to the opioid epidemic. Through the collective efforts of various state agencies and community stakeholder partners and under the leadership of the Office of Drug Policy, the state has accomplished each of the key milestones related to opioid abuse and OUD treatment and prevention strategies.

- Implementation of Opioid Prescribing Guidelines. Medicaid has implemented a number of policies focused on safe prescribing practices to prevent opioid misuse and assist patients with SUD. These efforts have included: (i) limiting long-acting opioid prescriptions to not more than one agent at a time, with strict requirements for use in non-cancer patients; (ii) prohibiting pharmacy providers from allowing a known Medicaid participant to pay cash for any controlled substance; (iii) excluding opioid-containing cough preparations from coverage; (iv) providing cooperative Medicaid pharmacist and provider case management for participants currently using methadone for pain management; and (v) providing various forms of educational outreach to opioid prescribers. In addition, Medicaid has implemented a phased-in implementation for all new opioid prescriptions to cumulative amounts of ninety (90) morphine milligram equivalents (MME) or less daily.
- Expanded Coverage and Access to Naloxone. Under current Idaho law, naloxone is available to anyone in Idaho without a prescription directly through a pharmacist, without first having to go to a traditional prescriber. This was further expanded to permit other licensed health professionals to dispense naloxone, rather than just prescribers and pharmacists. In addition, Good Samaritan Laws shield anyone who administers naloxone from liability.

With these eased regulations for expanded coverage and access, Idaho is focused on expanding distribution. Idaho's Response to the Opioid Crisis (IROC) is an initiative funded by a grant from SAMHSA, which has been used, in part, to expand access to naloxone, as well as to offer training for first responders and persons in the community who may come in contact with individuals suffering from OUD. This grant also funds distribution of naloxone kits to involved parties throughout the state.

In addition, expanded distribution also requires expanded training. Therefore, the state is also focused on training and has supported the production of a series of online training

videos for EMS and the general public on naloxone administration. Naloxone trainings are ongoing, including through the Public Health Districts, and have been presented in the community to a variety of audiences, including the general public, medical providers, and prevention professionals

- Increased Utilization/ Functionality of Prescription Drug Monitoring Programs. Another initiative undertaken by Idaho providers has centered on increased use of the state's Prescription Drug Monitoring Program (PDMP). Idaho has made great strides in use of the PDMP. Idaho providers have increased the number of PDMP searches tenfold, from 353,000 searches in SFY15 to 3.8 million in SFY18. In its 2019 session, the Idaho Legislature approved rule changes to prohibit Medicaid pharmacists from accepting cash/credit cards/checks as payment for controlled substances from persons known to be Medicaid participants.

Following intensive drug utilization studies, the state has taken a number of steps to increase provider education on prescribing standards, create prescriber report cards to establish social norms of decreased opioid prescribing, reduce diversion of opioids through use of drop-box programs, and educate prescribers on the benefits of using the PDMP. Further, the Department has received a CDC grant to improve the Idaho Health Data Exchange (IHDE), to make it more user-friendly and integrate the PDMP with the exchange to further increase the benefits and functionality of the PDMP.

Further details regarding Medicaid's current treatment and prevention measures are included in the table below.

Future State:

Although the state has made significant progress over the years to implement comprehensive treatment and prevention strategies to address OUD, the state's long-term overarching vision is aimed a continuous improvement to ensure that all adults, children, youth and their families who live with addiction and mental illness can access the behavioral health care services they need when they need them. With this in mind, the state is embarking on a collaborative initiative across all three branches of Idaho state government, local governments, education and other community partners to develop a single coordinated strategic plan to continually improve not only the state's response to the opioid epidemic, but also the entire statewide system of behavioral health care in Idaho.

This Section 1115 Behavioral Health Transformation Waiver seeks to supplement this larger ongoing strategic reform initiative by utilizing Medicaid to increase access to critical behavioral health care services. Specifically, over the course of this demonstration, Medicaid will support the state's larger goals by participating in number of initiatives, including, but not limited to, developing a robust statewide SUD continuum of care, including crisis response, as well as increasing health IT integration across the state.

Below is a table that describes: 1) current treatment and prevention strategies to reduce opioid abuse; 2) plans to implement additional prevention strategies and 3) a summary of action items that need to be completed to meet the milestone requirements.

Table 5. Milestone #5: Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD

Milestone Criteria	Current State	Future State	Summary of Actions Needed
Implementation of opioid prescribing guidelines along with other interventions to prevent opioid abuse	<p>In 2019, Idaho Medicaid implemented MME limits (90 MME), including tapering strategies for current users of opioids whose dosages exceed these limits.</p> <p>All prescribers must check the PDMP before prescribing opioids and buprenorphine.</p> <p>In February 2020, CMS approved a SPA for changes to achieve compliance with SUPPORT Act pharmacy provisions. This SPA was just a formality, since the implementation of SUPPORT Act requirements had already taken place.</p>	Already implemented.	No action needed.
Expanded coverage of, and access to, naloxone for overdose reversal	<p>Under current Idaho law, naloxone is available to anyone in Idaho by simply asking a pharmacist, without first having to go to a traditional prescriber. The state has also taken a number of efforts to provide training not only</p>	<p>Over the course of the demonstration, Idaho will continue to support the statewide distribution of naloxone, and provide consistent and integrated trainings conducted across stakeholder types.</p>	<ul style="list-style-type: none"> • Develop and use an integrated acquisition and tracking platform for naloxone distribution. • Identify and partner with critical stakeholders to expand naloxone

Milestone Criteria	Current State	Future State	Summary of Actions Needed
	to first responders and medical professionals, but also the community at large.		<ul style="list-style-type: none"> distribution. Standardize training content across stakeholders and platforms. <u>(Timeline Demonstration Period)</u>
Implementation of strategies to increase utilization and improve functionality of prescription drug monitoring programs	Idaho has made great strides in use of the prescription drug monitoring program (PDMP). Idaho providers have increased the number of PDMP searches tenfold, from 353,000 searches in SFY15 to 3.8 million in SFY18. In its 2019 session, the Idaho Legislature approved rule changes to prohibit Medicaid pharmacists from accepting cash/credit cards/checks as payment for controlled substances from persons known to be Medicaid participants. The Legislature also passed the first state law in the nation to expand prescriptive authority for naloxone to pharmacy technicians, a move that is expected to significantly increase distribution of this critical opioid antagonist in the state’s rural/frontier	<p>A pending IAPD HITECH application, when approved by CMS, will use associated funding to enhance PDMP functionality, interoperability, ease of use, and patient matching capabilities.</p> <p>PDMP enhancements are expected to include making interstate data-sharing hubs more interoperable with one another, bolster intrastate data-sharing within Idaho, improve the returned results from the sending state through better patient matching, and enhance integration of the interstate sharing platform within EHRs and the PDMP itself. Patient matching is a significant obstacle to complete and ensure accurate retrieval results, and this would be a focus between states participating in this endeavor.</p>	<ul style="list-style-type: none"> Access CMS HITECH funding <u>(Timeline 6-12 Months)</u> Enhancements from HITECH <u>(Timeline 12-24 Months)</u>

Milestone Criteria	Current State	Future State	Summary of Actions Needed
	<p>counties.</p> <p>The Department has received grants from the CDC and CMS. The CMS grant funds two pharmacists, who will attack the issues around misuse of both opioids and benzodiazapines; the CDC grant aims to improve the Idaho Health Data Exchange (IHDE), to make it more user-friendly and integrate the PDMP with it.</p>		
Other	<p>The Office of Drug Policy has undertaken efforts to promote and broaden drug disposal programs; evaluate and pursue further opioid education, prevention measures, and resiliency training; and encourage and partner with county and local law enforcement, paramedics, and correctional officials to supply naloxone and apply for grant funding for naloxone distribution.</p> <p>On June 13, 2019, Governor Brad Little issued Executive Order 2019-09. This executive order established an Opioid</p>	<p>The Department will undertake new initiatives to combat the Opioid Crisis, in response to policy recommendations issued by the Opioid and Substance Use Disorder Advisory Group.</p>	<p><u>Timeline Over Course of Demonstration</u></p>

Milestone Criteria	Current State	Future State	Summary of Actions Needed
	<p>and Substance Use Disorder Advisory Group to research and evaluate best practices in other states used to combat opioid abuse and substance use disorders, and make recommendations across a wide spectrum of policy areas, including treatment options, law enforcement and prosecutorial policies, education, and public awareness campaigns.</p>		

6. Improved Care Coordination and Transitions between Levels of Care

Specifications:

To meet this milestone, states must implement policies to ensure residential and inpatient facilities link beneficiaries, especially those with OUD, with community-based services and supports following stays in these facilities.

Current State:

The IBHP currently provides only ambulatory behavioral health services, which creates coordination challenges for members transitioning into and out of hospital or residential settings. Idaho has taken a number of steps to continuously improve care coordination for patients as they transition from fee-for-service inpatient SUD treatment back to the IBHP network and community-based settings. Currently, the IBHP utilizes Discharge and Field Care Coordinators to coordinate care for high-risk members to ensure outpatient behavioral health services are established prior to transitioning from inpatient settings back into the community. In addition, Idaho's fee-for-service Quality Improvement Organization has provided the IBHP contractor access to its utilization management system to assist the field coordinators with timely information on members presenting to emergency departments or admitted to inpatient treatment.

Future State:

IDHW recognizes that with the expansion of Medicaid to the new adult group coupled with the expansion of inpatient and residential treatment programs to IMDs, a more coordinated and streamlined approach to assist beneficiaries as they transition from residential and inpatient facilities to the community will be essential. Care coordination, particularly these critical transitions between levels of care, is a key component to ensuring the effectiveness of treatment and improved long-term health outcomes for individuals with SUD. As such, IDHW has considered several measures to improve care coordination efforts and transitions between levels of care. The primary approach will be to fully integrate the IBHP contract for all behavioral services in Idaho. In addition to the integration, additional accountability metrics will be included in the new IBHP contract aimed at improving care coordination and transitions between levels of care, including: (i) additional HEDIS measures related to follow up after inpatient or residential care; (ii) new contract standards and provider requirements related to discharge planning, and (iii) enhanced requirements for case management.

A more detailed overview of the state's current and future care coordination and transition efforts is provided below.

Table 6. Milestone #6: Improved Care Coordination and Transitions between Levels of Care

Milestone Criteria	Current State	Future State	Summary of Actions Needed
<p>Implementation of policies to ensure residential and inpatient facilities link beneficiaries with community-based services and supports following stays in these facilities</p>	<p>Currently inpatient facilities work directly with community behavioral health providers and IBHP Field Care Coordinators to establish services post discharge.</p> <p>The IBHP contractor has access to Idaho’s Quality Improvement Organization’s utilization management portal. This access promotes real-time information regarding inpatient admission and emergency room visits.</p> <p>The current IBHP contract outlines performance incentives based on HEDIS FUH-30 Day.</p> <p>IBHP Field Care Coordinators contact members post discharge to promote adherence to scheduled follow-up appointments.</p>	<p>The new IBHP contract will be a fully integrated behavioral health contract. The new IBHP contractor will have specific transition standards outlined in their contract. These performance standards will be required within community provider and inpatient/residential provider contracts with the managed care organization.</p> <p>The new IBHP MCO will have a team of clinicians that perform direct interventions to high-risk Idaho Medicaid members. This IBHP team will directly interface with community providers and residential/inpatient discharge coordinators.</p>	<ul style="list-style-type: none"> • Develop transition of care standards. <u>(Timeline 12-20 Months)</u> • Notify residential treatment providers of requirements. <u>(Timeline 20-24 Months)</u> • Implement the new IBHP contract. <u>(Timeline 24-30 Months)</u> • Include Idaho transition of care standards in new IBHP contract. <u>(Timeline 24-30 Months)</u> • Include transition of care standards in IBHP provider agreements. <u>(Timeline 24-30 Months)</u> • Include additional HEDIS FUH measures tied to performance in IBHP contract. <u>(Timeline 24-30 Months)</u>

Milestone Criteria	Current State	Future State	Summary of Actions Needed
Additional policies to ensure coordination of care for co-occurring physical and mental health conditions	Idaho does not have a standard policy or guidance for coordination of care for co-occurring physical and mental health conditions	Develop state standard for coordination of care for co-occurring physical and mental health conditions	<ul style="list-style-type: none"> • Idaho’s Mental Health Authority develop standards for coordination of care for co-occurring physical and mental health conditions <u>(Timeline 18-20 Months)</u> • Notify providers of standards <u>(Timeline 20-24 Months)</u> • Execution of the new IBHP contract. <u>(Timeline 24-30 Months)</u> • New IBHP contract outlines Idaho standards <u>(Timeline 24-30 Months)</u> • IBHP provider agreements outline transitions of care standards <u>(Timeline 24-30 Months)</u>

Section II – Implementation Administration

The District's point of contact for the Implementation plan is:

Name and Title: Matt Wimmer, Administrator, Division of Medicaid

Telephone Number: (208) 364-1804

Email Address: Matt.Wimmer@dhw.idaho.gov

Section III – Relevant Documents

Not Applicable.

Attachment A – SUD Health Information Technology (IT) Plan

Section I.

Specifications:

SUD Demonstration Milestone 5.0, Specification 3: Implementation of Strategies to Increase Utilization and Improve Functionality of PDMP

The specific milestones to be achieved by developing and implementing an SUD Health IT Plan include:

- Enhancing the health IT functionality to support PDMP interoperability; and
- Enhancing and/or supporting clinicians in their usage of the state's PDMP.

Current State:

The Idaho Board of Pharmacy maintains and administers the state of Idaho's prescription drug monitoring program (PDMP). Since 2016, the Idaho Board of Pharmacy has contracted with Appriss Health, Inc. to manage the prescription drug monitoring program. Idaho's PDMP contains controlled substances schedules II-V and other drugs of concern within Idaho. Access to and use of the PDMP is controlled in Idaho Statute and is limited to licensed prescribers, pharmacists, or their delegates for treatment purposes.

Verification and access to the PDMP happens in two stages: Board approval of application and Appriss user account with a login name and password. PDMP information and limited-use access to PDMP information can be requested by the following: individuals employed by boards, peace officers enforcing laws regulating controlled substances, authorized individuals at the Idaho Department of Health and Welfare, practitioner or delegates, pharmacists or delegates, individual or individual's attorney, individual with lawful court order, limited attorneys, and medical examiner or coroner for cause of death determination. Limited-use is defined as view-only, de-identified or identified prescription information reports based on approved request.

The PDMP can be accessed online through a user account or built into the electronic health record workflow for clinicians and prescribers and pharmacy dispensing systems for pharmacists and dispensers. Methadone and narcotic treatment program clinics do not report to the PDMP due to 42 CFR Part 2 confidentiality.

Future State:

The Idaho Board of Pharmacy will continue to maintain and administer the state of Idaho’s prescription drug monitoring program (PDMP). The board and its vendor will continue to verify and authenticate access to the PDMP according to Idaho Statute and other Idaho Board of Pharmacy stipulations. A goal of the Idaho Board of Pharmacy is connecting all providers to the PDMP with a statewide Gateway license.

The state’s health information exchange, Idaho Health Data Exchange, is the sole health information exchange in Idaho and can bridge the gap for social determinates of health information, population health and morbidity data, and individual health data, including prescription information. The Idaho Health Data Exchange plans to connect to the PDMP through Appriss Health, Inc. to provide authorized individuals with prescription drug information within the data exchange and make it a part of a patient’s electronic health record.

To enhance interstate interoperability, Idaho Health Data Exchange plans to connect to Washington, Oregon, Nevada, and Utah’s health information exchange to provide better patient data for those travelling out of state for health care needs.

Summary of Actions Needed:

- Idaho Board of Pharmacy working with PDMP vendor, Appriss Health, to use a statewide Gateway connection for the state of Idaho by October 1, 2020. A blend of SUPPORT Act funds and Department of Justice - Bureau of Justice Administration funds will be used to support the statewide Gateway connection.
- Idaho Health Data Exchange contract with Appriss Health to get PDMP access through a SUPPORT Act funded project with the data exchange and Idaho Department of Health and Welfare (in process)

Idaho Health Data Exchange enhancing their master participation agreement for HIPAA and 42 CFR Part 2 data, data warehouse capabilities, security and compliance capabilities, APIs, bidirectional connections to data exchange with Medicaid providers and SUD treatment centers and providers, and master patient index.

Below is a table that describes: 1) current PDMP functionalities; 2) plans to enhance PDMP functionalities and interoperability; and 3) a summary of action items that need to be completed to meet the milestone requirements.

Table 1. State Health IT / PDMP Assessment & Plan

Milestone Criteria	Current State	Future State	Summary of Actions Needed
Prescription Drug Monitoring Program (PDMP) Functionalities			
Enhanced interstate data sharing in order to better track patient specific prescription data	<p>Idaho Board of Pharmacy’s PDMP, managed by Appriss Health, shares controlled substances prescription data with 51 PDMPs through PMP InterConnect.</p> <p>Required data transmitters include in-state pharmacies, in-state mail order pharmacies, out-of-state mail order pharmacies, dispensing doctor, long-term care facility pharmacies, correctional facility pharmacies, Veterans Administration, and Indian Health Services.</p> <p>The Idaho Health Data Exchange is currently working on enhancing its data and technology infrastructure, master patient index, and revising participation agreements to house criminal justice information, substance use disorder information, and prescription drug information.</p>	<p>The Idaho PDMP will expand its data sharing by purchasing a statewide PMP Gateway license. As of December 2019, 39 states use PMP Gateway.</p> <p>Idaho Health Data Exchange, the health information exchange in Idaho, plans to connect to some of the contiguous states’ health information exchanges to better track patients who are transient with their medical care. (i.e. Northern Idaho utilizing Washington State resources, Southeastern Idaho utilizing state of Utah resources, etc.).</p>	<p>April 2020 – September 2020: Increase and enhance terminology services within the data exchange’s data warehouse. Increase and enhance the storage capacity of data exchange’s data warehouse.</p> <p>June 2020 – August 2020: Build a data lake within the data exchange supported by FHIR APIs. Refine data exchange’s data extraction engine solutions for PDMP data reporting enhancements.</p> <p>July 2020 – September 2020: Connect Utah and eastern Oregon’s health exchange networks to Idaho Health Data Exchange.</p> <p>September 2020: Roll out new interface connection onboarding specifications, documentation, and training to new participants.</p> <p>September 2020 – December 2021: Connect contiguous states’ health information exchanges to Idaho Health Data Exchange. May expand further than contiguous states depending on patient population information within health information exchange. (e.g. Arizona, New Mexico, Florida, etc.)</p>
Enhanced “ease of use” for prescribers	The PDMP integrates into most	The PDMP information is not	April 2020 – September 2020: Idaho Board of

Milestone Criteria	Current State	Future State	Summary of Actions Needed
and other state and federal stakeholders	<p>electronic health records for clinician and prescriber use. The PDMP integrates into most pharmacy dispensing systems for pharmacist and dispenser use. Integration into systems eliminates the use of web-based sign on for “ease of use.”</p> <p>Idaho PDMP information is sent and updated within 24 hours or the next business day.</p> <p>As of 2018, there were 8,917 DEA registered prescribers and 332 DEA registered prescribers.</p>	<p>stored and integrated into patient records. Idaho Health Data Exchange plans to integrate PDMP information into clinical records that are in the data warehouse of the data exchange.</p> <p>If Idaho Health Data Exchange connects to Appriss Health, the data exchange can enhance “ease of use” for data exchange participants by creating an additional tabbed link and view-only access to Appriss Health available in the data exchange portal.</p>	<p>Pharmacy to purchase statewide PMP Gateway license. PMP Gateway available in established EHR workflow. Prescriber and dispenser trainings are available during this period. April 2020 – August 2020: Idaho Health Data Exchange to build API connection to PDMP, build and test authentication process for PDMP access, conduct readiness assessment with at least one EHR vendor and clinician/organization, and go live with data exchange’s view-only access to PDMP.</p>
Enhanced connectivity between the state’s PDMP and any statewide, regional or local health information exchange	<p>Idaho Health Data Exchange and Idaho Board of Pharmacy’s PDMP are not connected. Idaho Health Data Exchange is the sole, statewide health information exchange.</p>	<p>Idaho Health Data Exchange will contract with Appriss Health, to integrate PDMP information into clinical records. Idaho Health Data Exchange will use an API to integrate into portal with view-only access to PDMP data for prescribers and delegates.</p>	<p>January 2020 – April 2020: Idaho Health Data Exchange and Idaho Board of Pharmacy convene meeting to establish infrastructure scope for connecting data exchange to PDMP. April 2020 – September 2020: Idaho Health Data Exchange to build API connection to PDMP and go live with view-only clinical portal access.</p>
Enhanced identification of long- term opioid use directly correlated to clinician prescribing patterns	<p>Idaho’s PDMP contains information on schedules II-V controlled substances prescriptions. The PDMP has the authority to monitor other substances as</p>	<p>The Board of Pharmacy’s PMP Gateway license will be implemented into clinical workflows for prescribers and dispensers (EHRs, EMRs, dispensing software) with</p>	<p>July 2020: Board of Pharmacy to add appropriate DEA Schedule I controlled substances into the Idaho’s Uniform Controlled Substance information July 2020 - August 2020: Terminology services/data quality program to identify</p>

Milestone Criteria	Current State	Future State	Summary of Actions Needed
	<p>required by the Idaho Board of Pharmacy.</p> <p>The PDMP allows reporting on queries to PDMP for controlled substances and other drugs of concern. Data dashboards and prescriber report cards are sent to prescribers monthly.</p> <p>The Board of Pharmacy has implemented NarxCare into the PDMP workflow. NarxCare reports include a patient's NarxScore, Predictive Risk Scores, Red Flags, Rx Graph, and access to resources.</p>	<p>NarxCare reports.</p> <p>With PDMP integration into Idaho Health Data Exchange records, reports and filtering for attributed patients may be reportable on-demand or as needed or required by organizations, medical board, or to comply with federal or state regulation.</p>	<p>all long-term opioids within the controlled substance information in the PDMP.</p> <p>August 2020: Identify the report parameters including the frequency of reports, data, and prescriber and dispenser information to write into new reporting structure.</p> <p>August 2020 – September 2020: Either (1) build a report through Appriss Health for identification of required report information; or (2) have IHDE build a report with the information above and in the SUPPORT Act applicable sections.</p> <p>October 2020 – onward: Idaho Medicaid to align covered providers daily limits with SUPPORT Act sections when required (e.g. daily MME for covered patients)</p> <p>October 2020 – June 2021: Develop, convene, and report on stakeholder meetings and focus groups with state agencies and prescribers to establish recommendation on measures to address prescribing pattern issues.</p>

Current and Future PDMP Query Capabilities

Milestone Criteria	Current State	Future State	Actions Needed
Facilitate the state's ability to properly match patients receiving opioid prescriptions with patients in the PDMP (i.e. the state's master patient index (MPI) strategy with regard to PDMP query)	Idaho PDMP's criteria to query to PDMP has the following minimum data elements: patient's first name, last name, and date of birth. Additional query options are patient phone number, driver's	Idaho Health Data Exchange will continue work on the master patient index for patient records exchanged through and housed in the data exchange. By connecting to the	<p>May 2020 – July 2020: Idaho Health Data Exchange to use an outside vendor to assist in cleanup of master patient index.</p> <p>July 2020 – September 2020: Enhance match rates of master patient index with an active/active exchange with two MPI vendors within the data exchange. One MPI will</p>

Milestone Criteria	Current State	Future State	Summary of Actions Needed
	<p>license number, and city, state, and ZIP code.</p> <p>The Idaho Board of Pharmacy allows PDMP access to the Medicaid Medical Director and pharmacy team to attributed patients.</p> <p>In addition to a patient master index, the Idaho Board of Pharmacy is working with Appriss Health on provider, prescriber, dispenser, and prescription information matching (including DEA, NPI, and prescription information). Currently, error correction requirements are sent every 24 hours until correction is made.</p>	<p>PDMP, the Idaho Health Data Exchange adds another criterion and source to increase match rates within its master patient index.</p> <p>For the prescription information matching, there is currently no time frame for pharmacies to correct when errors occur. Other states' time frames vary from 24 hours to 7 days. The Idaho Board of Pharmacy is responsible for determining time frame, education, and training.</p>	<p>be embedded in technology stack, one MPI will be outside stack to enhance match rate.</p> <p>September 2020 – December 2020: Two MPIs will transition from active/active to master/slave to continue the matching capabilities to produce proper matching.</p> <p>2020-2021: Explore feasibility of HIE integration of Medicaid claims data and Medicare claims data – enhancing the information to match with patient records.</p> <p>Ongoing: The Idaho Board of Pharmacy may establish a time frame, education, and training around prescription information matching.</p>

Use of PDMP – Supporting Clinicians with Changing Office Workflows / Business Processes			
Milestone Criteria	Current State	Future State	Actions Needed
Develop enhanced provider workflow/business processes to better support clinicians in accessing the PDMP prior to prescribing an opioid or other controlled substance to address the issues which follow	As of August 2019, Idaho is one of five states plus DC and Puerto Rico, that does not mandate a query of the PDMP before prescribing an opioid or other controlled substance.	<p>The Idaho Board of Pharmacy will purchase a statewide PMP Gateway license. The PMP Gateway integrates into established clinical workflows for clinicians using an EMR/EHR.</p> <p>The Idaho Health Data Exchange will connect to Appriss to add a view-only connection to the PDMP for clinician use.</p> <p>The Idaho Board of Pharmacy recognizes the MISSION Act requirements for the Veteran Affairs Health Systems and has access to the VA prescription drug monitoring program.</p>	<p>November 2019 – September 2020: Engage prescribers and dispensers on current workflow, including access to PDMP prior to prescribing an opioid or other controlled substance.</p> <p>April 2020 – September 2020: Idaho Board of Pharmacy to purchase statewide PMP Gateway license. PMP Gateway available in established EHR workflow. Prescriber and dispenser trainings are available during this period.</p> <p>April 2020 – August 2020: Idaho Health Data Exchange to build API connection to PDMP, build and test authentication process for PDMP access, conduct readiness assessment with at least one EHR vendor and clinician/organization, and go live with data exchange’s view-only access to PDMP.</p>

<p>Develop enhanced supports for clinician review of the patients' history of controlled substance prescriptions provided through the PDMP-prior to the issuance of an opioid prescription</p>	<p>As of August 2019, Idaho is one of five states plus DC and Puerto Rico, that does not mandate a query of the PDMP before prescribing an opioid or other controlled substance.</p>	<p>Starting October 1, 2020, prior to issuing a patient a prescription for outpatient use of an opioid analgesic or benzodiazepine listed in schedule II, III, or IV, the prescriber or delegate must check the PDMP for the prior 12 months of prescription drug history.</p> <p>The Idaho Board of Pharmacy will purchase a statewide PMP Gateway license. The PMP Gateway integrates into established clinical workflows for clinicians using an EMR/EHR.</p> <p>The Idaho Health Data Exchange will connect to Appriss to add a view-only connection to the PDMP for clinician use.</p> <p>Project ECHO will partner with providers to train provider community on reducing opioid prescriptions and opioid alternative practices being used in Northern and Eastern Idaho hospitals (inpatient and outpatient use cases).</p>	<p>April 2020 – September 2020: Idaho Board of Pharmacy to purchase statewide PMP Gateway license. PMP Gateway available in established EHR workflow. Prescriber and dispenser trainings are available during this period.</p> <p>April 2020 – August 2020: Idaho Health Data Exchange to build API connection to PDMP, build and test authentication process for PDMP access, conduct readiness assessment with at least one EHR vendor and clinician/organization, and go live with data exchange's view-only access to PDMP.</p> <p>June 2020 – June 2021: Project ECHO work on provider trainings for opioid alternative practices.</p>
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Master Patient Index / Identity Management			
Milestone Criteria	Current State	Future State	Actions Needed
Enhance the master patient index (or master data management service, etc.) in support of SUD care delivery.	<p>Currently, the Idaho PDMP's criteria to query to PDMP has the following minimum data elements: patient's first name, last name, and date of birth. Additional query options are patient phone number, driver's license number, and city, state, and ZIP code.</p> <p>Data collection for the PDMP in Idaho is daily or the next business day. Data collection is managed by Appriss Health, not the state of Idaho or Idaho Board of Pharmacy.</p>	<p>Idaho Health Data Exchange is in discussion with substance use treatment centers and clinicians to gauge interest in connecting to data exchange. Anticipation is a bi-directional feed (sending data and receiving data). Also, in discussions with Department of Health and Welfare's Division of Behavioral Health to gauge connection interest. Including data points will enhance match options for master patient index in data exchange.</p> <p>Idaho Health Data Exchange would like to integrate Medicare and Medicaid claims data as an additional data set.</p> <p>When connected to the PDMP, various PDMP data points can also be used to enhance the data exchange's master patient index.</p>	<p>April 2020 – September 2020: Increase and enhance terminology services within the data exchange's data warehouse. Increase and enhance the storage capacity of data exchange's data warehouse. SUD data will be siloed, and user access authenticated.</p> <p>May 2020 – July 2020: Idaho Health Data Exchange to use an outside vendor to assist in cleanup of master patient index.</p> <p>July 2020 – September 2020: Enhance match rates of master patient index with an active/active exchange with two MPI vendors within the data exchange. One MPI will be embedded in technology stack, one MPI will be outside stack to enhance match rate.</p> <p>September 2020 – December 2020: Two MPIs will transition from active/active to master/slave to continue the matching capabilities to produce proper matching.</p> <p>2020-2021: Explore feasibility of HIE integration of Medicaid claims data and Medicare claims data – enhancing the information to match with patient records.</p>

Overall Objective for Enhancing PDMP Functionality & Interoperability			
Milestone Criteria	Current State	Future State	Summary of Actions Needed
Leverage the above functionalities/capabilities/supports (in concert with any other state health IT, TA or workflow effort) to implement effective controls to minimize the risk of inappropriate opioid overprescribing—and to ensure that Medicaid does not inappropriately pay for opioids.	<p>As of August 2019, Idaho is one of five states plus DC and Puerto Rico, that does not mandate a query of the PDMP before prescribing an opioid or other controlled substance.</p> <p>Idaho Board of Pharmacy reports include Naloxone/Narcan dispensing, monthly pharmaceutical sales (dispense date, pharmacy, pharmacy DEA, prescriber, prescriber DEA, address, city, drug, drug strength, quantity, size and drug form), monitor prescription trends in specific areas/counties in the state of Idaho.</p>	<p>Starting October 1, 2020, prior to issuing a patient a prescription for outpatient use of an opioid analgesic or benzodiazepine listed in schedule II, III, or IV, the prescriber or delegate must check the PDMP for the prior 12 months of prescription drug history. The mandate applies to all prescribers and delegates required to register for the PDMP in Idaho Statute 37-2722.</p> <p>Idaho Health Data Exchange would like to integrate Medicare and Medicaid claims data as an additional data set for the data exchange.</p> <p>The state of Idaho may utilize more electronic prescription exchange rather than written prescriptions.</p>	<p>August 2020: Medicaid may access reports or request reports on Medicaid prescriber checks to the PDMP prior to issuing a schedule II, III, IV prescription as mandated by state law.</p> <p>October 2020 – onward: If a prescriber is unable to check PDMP, Medicaid shall request the documentation of good faith effort and why a check was unable to be performed.</p> <p>Medicaid prescribers who are unable to check the PDMP will submit a working plan to Medicaid detailing steps the prescriber or entity shall take to comply with the mandatory state law, including a timeframe for compliance with regular reports updating its progress on compliance.</p> <p>October 2020 – June 2021: Develop, convene, and report on stakeholder meetings and focus groups with state agencies and prescribers to establish recommendation on measures to address inability to check PDMP.</p> <p>2020 – 2021: Idaho Health Data Exchange to build PDMP infrastructure before integrating claims data.</p>

<p>Statement 1: Please provide an assurance that the state has a sufficient health IT infrastructure/ecosystem at every appropriate level (i.e. state, delivery system, health plan/MCO and individual provider) to achieve the goals of the demonstration. If this is not yet the case, please describe how this will be achieved and over what time period.</p>	<p>Yes. Idaho has a sole source statewide health data exchange, a sole vendor for its prescription drug monitoring program (PDMP), and prescribers and dispensers within Idaho have a high adoption rate of electronic health records (EHR), electronic medical records (EMR), and prescription dispensing software systems.</p> <p>Idaho has made progress on achieving the goals of mandating a check of the PDMP prior to prescribing opioids and increasing the interoperability of the data exchange and the PDMP. To support the transition of limited checking of the PDMP to required checking, the Idaho Board of Pharmacy (oversight of PDMP) will purchase a statewide license of PMP Gateway. The PMP Gateway will be active prior to September 30, 2020. PMP Gateway integrates into prescriber and dispenser workflows without additional sign-on requirements. Additionally, the Idaho Health Data Exchange (IHDE) will integrate view-only access to the PDMP through its clinical portal. The clinical portal view-only access of PDMP information may assist prescribers who cannot adopt an EHR/EMR into their regular workflow. The IHDE-PDMP integration will be developed April 2020 – August 2020 and go live prior to September 30, 2020.</p> <p>IHDE and the Idaho PDMP participate in nationwide data sharing efforts. IHDE participates in the Strategic Health Information Exchange Collaboration (SHIEC) with 71 other health information exchanges. The PDMP shares data through PMP Interconnect with 51 states, county/territories, and federal agencies. Interstate sharing will continue as IHDE develops further data agreements with Idaho’s contiguous states and through the PDMP as more states, territories and federal agencies as more connect through PMP Interconnect and PMP Gateway.</p>
<p>Statement 2: Please confirm that your state’s SMI/SED Health IT Plan is aligned with the state’s broader State Medicaid Health IT Plan and, if applicable, the state’s Behavioral Health IT Plan. If this is not yet the case, please describe how this will be achieved and over what time period.</p>	<p>Yes. Idaho’s SUD Health IT plan is aligned with the state’s approved Medicaid HIT plan. The plan is developed and managed by the Department of Health and Welfare’s Division of Medicaid.</p>
<p>Statement 3: Please confirm that the state intends to assess the applicability of standards referenced in the Interoperability Standards</p>	<p>Yes, the state intends to assess applicability of the Interoperability Standards Advisory and 45 CFR 170 Subpart B and incorporate the relevant</p>

Advisory (ISA) and 45 CFR 170 Subpart B and, based on that assessment, intends to include them as appropriate in subsequent iterations of the state's Medicaid Managed Care contracts. The ISA outlines relevant standards including but not limited to the following areas: referrals, care plans, consent, privacy and security, data transport and encryption, notification, analytics and identity management.

standards where applicable, including in the next iterations of managed care contracts.